Foster Family Home - Corrective Action Report

Provider ID:

4-597114

Home Name:

Chita Madariaga, CNA

Review ID:

4-597114-3

801 Makaala Drive

Reviewer:

Wailuku

96793 HI

Begin Date:

4/16/2015

Foster Family Home

Background Checks

[17-1454-7.1]

7.1.(a)(2)

Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.a.2. No 2014 APS/CAN checks found for both caregivers. APS/CAN lapsed. CG #1 and #2 APS/CAN check done 3/4/15 and due 11/7/14.

Foster Family Home

Information Confidentiality

[17-1454-13.1]

13.1.(b)(5)

Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

13.1.b.5. No confidentiality/privacy rights training on file.

Foster Family Home

Personnel and Staffing

[17-1454-41]

41.(b)(4)

Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with subsection 17-1454-7(b)(2).

41.(b)(7)

Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.b.4. No PCG disclosure form noted in file.

41.b.7. All TB clearances for both caregivers has no MD signature.

41.b.7. TB clearance lapsed for CG #1 caregivers. CG #1 TB done 2/18/15 and due 1/3/15.

41.b.7. CG #2 caregiver has no current TB clearance on file. Last TB on 7/19/07.

Foster Family Home

Physical Environment

[17-1454-48]

48.(a)(1)

Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping

48.(e)

The home shall have policies regarding smoking on the property that:

Comment:

48.a.1. No non-skid mat found in shower.

48.e. No Smoking policy found on file.

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Foster Family Ho	ome	Quality Assuran	ce	[17-1454-48.1]		
48.1.(a)	The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:					
Comment:						
48.1.a. No emerge	ency prepa	aredness plan four	nd in home.			
Foster Family Home		Client Rights		[17-1454-50]		
50.(b)(15)	Have daily visiting hours and provisions for privacy established;					
Comment:						
50.b.15 No visiting hours noted on file in home.						
Foster Family Ho	ome	Records		[17-1454-52]		
52.(a)(3)	A list of ap	plicable community	resources.			
52.(c)(5)	Medication schedule checklist;					
Comment:						
52.a.3. No resour	ce book fo	ound in file.				
52.c.5. Client #1 I	MD order s		which equals	which equals		. Rx on bottle
52.c.5. Client #2 I MAR states	MD order o	dated 3/12/15 state	es takes No orders	s found with twice	a day drug regi	RX bottle and men.
		Secure of Secure	Secure 19 Secure	Da	province and a second-	_
	гинагу	Care Giver		Da	ie.	

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4/21/2015 12:00 PM

Dear CTA,

From now on, I will set a reminder to renew all my documents before the expiration date by setting it on my computer and mobile or even make a note on my folder.

I am very sorry for all the lapse.

Sincerely Yours,

Chita V. Madariaga